

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/599019</b>	FILING DATE					
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6			1				56						
7				-			57						
8				-			58						
9				-			59						
10			1				60						
11				-			61						
12				-			62						
13				-			63						
14				-			64						
15				-			65						
16				-			66						
17				-			67						
18			1				68						
19				-			69						
20				-			70						
21				-			71						
22				-			72						
23				-			73						
24				-			74						
25				-			75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
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33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			4										
TOTAL DEP.		←	16	←		←							
TOTAL CLAIMS			20										